

**Department of Community Services and Development**

**Energy Intake Form**

CSD 43A (01/2011)

**DECLARATION OF NO INCOME**

Complete this form if you are over 18 and claim no income

<b>Applicant Information: Enter the name and address of the person who is applying for assistance.</b>	
Applicant's Name:	
Applicant's Address:	

<b>Member of Household Information: Complete the information below for each adult household member who claims no income.</b>
Name:
Address:
Relationship to Applicant:
Describe how shelter, food, utilities and other bills are paid for:
<i>I certify that I am over 18 and that the information stated here is true and accurate and by signing this form, I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.</i>
Signature:
Date: